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APR 19 2007

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27752 7590 01/23/2007

THE PROCTER & GAMBLE COMPANY
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Cheryl L. Martin	(Depositor's name)
<i>Cheryl L. Martin</i>	(Signature)
<i>April 19, 2007</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/764,850	01/26/2004	Jocerg Mueller	CM2587CQ	9786
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TITLE OF INVENTION: ARTICLES WITH ELASTICATED TOPSHEETS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/23/2007 10784850
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BOGART, MICHAEL G	3761	385-010000		01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page (37 CFR 1.801)				6.00 DA	
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				1 Michael P. Hayden	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				2 Eric T. Addington	
					3 Thibault Fayette	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE PROCTER & GAMBLE COMPANY

CINCINNATI, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael P. Hayden

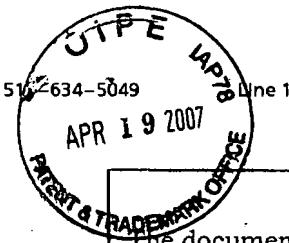
Date 19 April 2007

Typed or printed name Michael P. Hayden

Registration No. 48,433

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Line 1

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TO: Mail Stop ISSUE FEE - United States Patent and Trademark Office

Fax No. 571-273-2885

FROM: Cheryl L. Martin (Typed or printed name of person signing Certificate)

Fax No. 513-634-5049

Phone No. 513-634-1119

Application No.: 10/764,850

Inventors: Joerg Mueller *et al.*

Filed: January 26, 2004

Docket No.: CM2587CQ

Confirmation No.: 9786

FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 19, 2007, to the above-identified facsimile number.

Cheryl L. Martin (Signature)

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Number of Pages Including this Page: 2